

State of Delaware
Department of Natural Resources &
Environmental Control
Division of Water
89 Kings Highway
Dover, Delaware 19901

Phone: (302) 739-9946

Fax: (302) 739-8369

Surface Water Discharges Section

## **SECTION 4.04 REPORT**

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Provide the request		TER TREATMEN		iter Treatment Facility
FACILITY NAME	od illiomiation b	olow do it portains	to the masteria	ico rreatment racinty
PHYSICAL ADDRESS				
		SI	TATE	ZIP
OWNER INFORMATION Provide the requested information below as it pertains to the owner of the Wastewater Treatment Facility				
	rmation below as	s it pertains to the	owner of the W	astewater Treatment Facility
OWNER NAME				
MAILING ADDRESS		0-		715
CITY		SI	ΓΑΤΕ	ZIP
RESPONSIBLE OFFICIAL			TITLE	
EMAIL ADDRESS			EPHONE	
				Treatment Facility to answer inquirie
and will be carbon copied on all pertinent correspondence with the licensed wastewater operator(s) assigned to this facility.  TYPE OF PLANT OR TYPE OF UNIT PROCESSES OPERATED				
TIPEC	F PLANT OR T	TPE OF UNIT PR	RUCESSES UP	ERATED
PLANT SIZE				
DESIGN FLOW	MG	D AVERAGE	DAILY FLOW	MGD
		IRECT RESPON		
Means on-location accountability for, and on-location performance of, active daily operation (including Technical Supervision, Administrative Supervision, or Maintenance Supervision) for a Wastewater Facility, an operating shift of				
Supervision, Administrative Sup	ervision, or Main	tenance Supervisi	ion) for a Waste	water Facility, an operating shift o
a system or a facility, or a major		_	1054	(0) OF BEODONOIDU ITY
NAME	LIC.#	LIC. LEVEL	AREA	(S) OF RESPONSIBILITY
	* 0	LUED OBEDATO	) D(0)	
Magne on individual value of a		THER OPERATO		, decision apparates a Westernat
Facility or a segment of a system	or facility	gn observation, i	nterpretation, of	r decision, operates a Wastewate
NAME	LIC. #	LIC. LEVEL	ΔΡΕΔ	(S) OF RESPONSIBILITY
IVAIVIL	LIO. #	LIO. LL VLL	ANLA	(S) OF RESPONSIBILITY
		VERIFICATION		
0.475		0101::=:	IDE 05 BE35	
DATE		SIGNATI	IRE OF RESPO	NSIBI E OFFICIAL

RETURN COMPLETED REPORTS TO: DNREC, ATTN, SWDS, 89 KINGS HIGHWAY, DOVER, DE 19901

<sup>\*</sup> Attach additional sheet(s) if necessary